



2016 Drinking Water State Revolving Fund (DWSRF) Application Workshop

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY



Office of Drinking Water's Mission

To protect the health
of the people of
Washington State
by ensuring safe
and reliable
drinking water.



Background and Purpose

- Increase public health protection and compliance with drinking water regulations.
- Reimbursements through low interest loans.
- Funded through U.S. Environmental Protection Agency and Loan Repayment Stream.

What's New for 2016/2017 Cycle?

- **Emergency loans**, on-going \$1.8 million available, up to 75 percent subsidy
- **DWSRF construction loans**, August 1- September 30 - \$35 million available, \$3 million per water system
- **Consolidation loans**, past of DWSRF construction loans, August 1 – September 30 - - up to 50 percent subsidy
- **Pre-construction loans**, May 1- June 30, 2017 – \$3 million available, \$300,000 per utility

What's New for 2016/2017 Cycle?

Pre-Construction Grants – January 2- February 28, 2017

Limit of \$30,000 each

Applications and guidelines will be on line in late December.

Consolidation Grants – January 2-February 28, 2017

Limit of \$30,000 per grant per system being consolidated or acquired

2016 DWSRF Construction Loan Application Cycle

- Approximately \$35 million available for infrastructure projects.
- Loan limits:
 - \$3 million per jurisdiction.
 - \$6 million for projects involving multiple systems.
- Application deadline September 30, 2016.

What's Still Part of the 2016 Funding Cycle?

- **Subsidy**—Partial loan forgiveness for communities with high affordability index numbers or water system restructuring projects. We expect the amount this year to be about \$4 million.
- **IGEA**—Investment Grade Efficiency Audits for municipal water systems only
- **American Iron and Steel**
- **Davis-Bacon Act**—Prevailing wages
- Public utility districts and satellite management agencies can submit *multiple projects under one application*.

Ineligibility

Ineligible Applicants:

- Group B systems **not** converting to a Group A.
- Group A non-community for-profit systems.
- Federal and state-owned systems.

Ineligible Projects:

- Operations and maintenance.
- Primarily for future growth or fire flow.
- No construction component.

See guidelines for more details.

What's Continued for 2016?

- Loan Terms changed to 20 year repayment.
- Competitive bid within 18 months of contract execution.
- Construction must begin within 24 months.
- Construction must be completed within 48 months.
- Lower interest rate for projects completed in 24 months if not already receiving subsidy.

Eligibility

Eligible Applicants:

- Group A community systems.
- Group A nonprofit non-community systems.
- Group B systems converting to Group A.
- Tribal systems not receiving SRF tribal set asides.

Eligible Projects:

- Projects that address a public health risk.
- Projects that upgrade deteriorated facilities.

Loan Terms

- Loan fee = 1 percent
- Interest rates = 1.0-1.5 percent, depending on income level of community.
- Revised in 2014: Repayment period 20 years from signing the contract—first payment due October 1 of year.

General Requirements

- Submit each project separately.
- Meet water system plan submittal and approval deadlines. Planning documents must be approved no later than September 30, 2016.
- Install service meters.
- Comply with National Historic Preservation Act, Section 106 or 05-05.
- Comply with Federal and State Environmental Policy Acts (NEPA and SEPA).

On-Line Application Process

- Create a Secure Access Washington (SAW) Account
- This is done on-line

SAW Account

The screenshot shows the SecureAccess Washington (SAW) login interface. At the top left is the SAW logo and the text "SecureAccess WASHINGTON". At the top right, a yellow box contains the text "Having problems?", with a red arrow pointing to a "Help" button in a navigation bar that also includes "News" and "Video". The main content area is dark blue and features the heading "Log in to SecureAccess Washington". Below this are two white input fields for "User ID:" and "Password:", followed by an orange "LOGIN" button. To the right of the login fields are four icons with question marks: a person icon for "Forgot User ID?", a padlock for "Forgot Password?", a person with a checkmark for "Activate Account", and an envelope for "Missing Email?". Below these icons is a blue box with a Twitter icon and the text "Get cyber security news and alerts by following our Security Operations Center". At the bottom left of the login area, the text "Do not have an account? [Create one](#)" is highlighted with a red arrow pointing to it from the left. Another red arrow points from the right towards the "Create one" link, with the text "Start here to create and account" written inside it. The footer contains the copyright notice "© Copyright 2015 Consolidated Technology Services All Rights Reserved" on the left and a "Privacy Notice" link on the right.

SAW Account

Welcome, sjb1303 [Logout](#)

SAW SecureAccess
WASHINGTON

My Secure Services | Account Management | Help

My Services | **+ Add a New Service** | Contact Us

Please note: SAW is a shared portal serving multiple state agencies. To get help with a service provided through SAW, please contact the sponsoring agency directly. Click the "Contact Us" button to view a list of agency contact information.

Service	Agency	Description	Status	Action
No services.				

SAW Account

SAW SecureAccess WASHINGTON

Welcome, sjb1303 Logout

My Secure Services Account Management Help

My Services Add a New Service Contact Us

Service code:
If you have been given a service code by an agency, enter it below to apply for access to the service.

APPLY

Select an agency below to see a list of services:

- Board for Volunteer Fire Fighters
- Community, Trade and Economic Development
- Consolidated Technology Services
- Criminal Justice Training Commission
- Department of Archaeology and Historic Preservation
- Department of Commerce
- Department of Early Learning
- Department of Ecology
- Department of Fish and Wildlife
- Department of Health
- Department of Information Services
- Department of Natural Resources
- Department of Revenue
- Department of Social and Health Services
- Department of Transportation
- Developer Testing Only
- DIS DEMO DOMAIN
- Employment Security Department
- Enterprise Services
- Labor & Industries
- Liquor Control Board
- Military Department Headquarters
- Office of Financial Management
- Washington State Board of Accountancy

Search services by keywords:
Enter keyword(s) below to find related services. If the field is blank to display all services.

AT LEAST ONE of the words

SEARCH

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Privacy Notice

SAW Account

The screenshot shows the 'Add a Service to Your Account' section of the SAW Account interface. At the top, there are three tabs: 'My Services', '+ Add a New Service', and 'Contact Us'. Below the tabs, the heading 'Add a Service to Your Account' is followed by the instruction 'Select a service to apply for from the following.' A note states: 'Note: Services for which you currently have access, have applied to and are awaiting approval, or those that you have been suspended or rejected from will not appear in this list.' Below the note is a breadcrumb link: 'All Agencies > Department of Health'. The main content is a table with three columns: 'Service', 'Description', and 'Action'. The first row is highlighted in grey and has a red arrow pointing to the word 'Select' in the description column. The other two rows are white with grey borders. Each row has an 'APPLY' button in the 'Action' column.

Service	Description	Action
Drinking Water State Revolving Fund Loan Application	Drinking Water State Revolving projects. Privacy Notice	APPLY
Water Recreation	Water Recreation Privacy Notice	APPLY
WIC Online Retailer Application Portal	WIC Online Retailer Application Portal Privacy Notice	APPLY

SAW Account

SAW Account

Service	Agency	Description	Status	Action
WISAARD	Department of Archaeology and Historic Preservation	The Washington Information System for Architectural and Archaeological Records Data	Active	Remove
Drinking Water State Revolving Fund Loan Application		Drinking Water State Revolving Fund Loan Application for drinking water projects.	Active	Remove

On-Line Application Process

- Start the DWSRF on-line application

DWSRF On-Line Application

Washington State Department of Health

Division of Environmental Health
Office of Drinking Water

You are here: [DOH Home](#) > [Community and Environment](#) > [Drinking Water](#) > [Water System Data](#) > [State Revolving Fund Loan Request](#) [SRF Help](#)

Drinking Water State Revolving Fund Program

2015 Preconstruction July 1-31
2015 SRF Construction Sept 1-30

If you have questions regarding this online application please contact Sara Herrera at (360) 236-3089 or Eloise Rudolph at (360) 236-3124 for assistance.

Please have only one browser up and do not copy and paste from last years application

Select

For optimum results in using this application your browser must be Internet Explorer 7 or greater.

NOTE: This application times out after 30 minutes of inactivity. Please save often to avoid data loss.

It is important that you read and understand the current year Guidelines before you complete this loan request. See Quick Links to view or print the Guidelines.

If you request Affordability Bonus Points, you must also submit your water system's current average annual water rates or rates officially approved and adopted by the water system board or commission documents.

You can use the quick links to the left to get to:

- DOH/DWSRF Internet Home Page
- DWPLP Guidelines
- Start Loan Request
- Start Pre-Construction Loan Request
- Find Loan Request (only loan requests that you have previously started will be available to you)
- Create Map
- Map creation instructions
- Cancel - return to SAW



For DWSRF related questions your contacts are:
Department of Health contact
[Karen Klocke](#) (360) 236-3116

For Technical Assistance on this website please contact:
Department of Health, Information Resource Management • [Environmental Health Application Testing and Support](#)

[DOH Home](#) | [Community and Environment](#) | [Drinking Water Home](#) | [Drinking Water Contacts](#)
[Access Local Health](#) | [Privacy Notice](#) | [Disclaimer/Copyright Information](#)

Links to external resources are provided as a public service and do not imply endorsement by the Washington State Department of Health

DWSRF On-Line Application

Washington State Department of Health
Division of Environmental Health
Office of Drinking Water

State Revolving Fund Loan Request

Loan Details | Project Detail | Project Scope | Image Attachments

Loan Application Details

Application Number: _____

→ Applicant Organization: _____

→ Applicant First Name: _____

Applicant Phone: _____

→ Address: _____

→ State:

Consulting Firm: _____

Consultant First Name: _____

Phone: _____

→ Legislative District: _____

DUNS Number: _____

CCR Expiration Date: _____

→ Address Type:

→ Applicant Last Name: _____

→ Email Address: _____

City: _____

Zip: _____

→ Name: _____

→ Address: _____

→ Congressional District: _____

Statewide Vendor Number: _____

Do you have a current DOH-approved Water System Plan, Small Water System Management Program, or Amendment that includes the proposed project?

If you have more than one Legislative or Congressional District separate them with a comma (example: 1,3,30).
Valid Legislative Districts are 1-49 and Congressional Districts are 1-10.

Water System Details

→ WS ID: _____

Water System Name: _____

DWSRF On-Line Application

Washington State Department of **Health**

Division of Environmental Health
Office of Drinking Water

State Revolving Fund Loan Request

Loan Details | Project Detail | Project Scope | Image Attachments

Loan Application Details

→ Applicant Organization: <input type="text"/>	Application Number: <input type="text"/>
→ Applicant First Name: <input type="text"/>	→ Address Type: <input type="text" value="Mailing"/> <input type="text" value="Physical Location"/>
Applicant Phone: <input type="text"/>	→ Applicant Last Name: <input type="text"/>
→ Address: <input type="text"/>	→ Email Address: <input type="text"/>
→ State: <input type="text" value="Washington"/>	→ City: <input type="text"/>
Consulting Firm: <input type="text"/>	→ Zip: <input type="text"/>
Consultant First Name: <input type="text"/>	Consultant Last Name: <input type="text"/>
Phone: <input type="text"/>	Email Address: <input type="text"/>
→ Legislative District: <input type="text"/>	→ Congressional District: <input type="text"/>
DUNS Number: <input type="text"/>	Statewide Vendor Number: <input type="text"/>
CCR Expiration Date: <input type="text"/>	

If you have more than one Legislative or Congressional District separate them with a comma (example: 1,3,30).
Valid Legislative Districts are 1-49 and Congressional Districts are 1-10.

Water System Details

→ WS ID: <input type="text"/>	Water System Name: <input type="text"/>
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Save Exit Submit

DWSRF On-Line Application

 **Division of Environmental Health
Office of Drinking Water**

State Revolving Fund Loan Request

[Home](#) / [Project Detail](#) / [Project Status](#) / [Project Details](#)

PLEASE DESCRIBE IN DETAIL THE TYPE OF WORK TO BE COMPLETED

Project Name:

Project Description:
Notes: Please provide a very detailed description of the proposed project.

Describe public health concerns this project will address:

Describe the compliance issues this project will resolve:

Describe other benefits of this project:

Describe the "green infrastructure" elements of this project (be as detailed and specific as possible):
(Green infrastructure is defined as infrastructure construction that results in water use efficiency, energy efficiency, or that uses innovative approaches to achieve environmental protection). All this project achieve (check one or more):

- 1. Water Use Efficiency
- 2. Energy Efficiency
- 3. Innovative approaches to achieve environmental protection
- 4. Green Infrastructure

Without significant data and documentation, the project will not be considered green infrastructure.

What is your current average residential customer's water bill each month? \$0

What do you estimate your average residential customer's monthly water bill will be after completing this project? \$0

Describe the existing project site conditions:

Describe the proposed ground disturbing activities:

PROJECT LOCATION

Address: City: County:

(In all cases also include Township, Section, and Range)

Township: Range: Section:

If you have more than two Range separate them with a comma (example: 68&2NW,30E).
Access Create Map Function (on the Home page) to create a map of your project location.

Are the construction activities on or near tribal lands?

Are the construction activities near historic or culturally significant sites?

Is the Applicant a Homeowner's Association?

Will building(s) be altered or demolished?

Updated Date:

DWSRF On-Line Application



Division of Environmental Health
Office of Drinking Water

State Revolving Fund Loan Request

Loan Details | Project Details | Project Issues | Upload Attachments

Project Scope of Work
(List what you will do along with schedule)

What	When	What	How Much
<input type="text"/>	<input type="text"/>	Engineering Report (Preliminary Engineering)	\$0
<input type="text"/>	<input type="text"/>	Environmental Review (DEIR/DEIR, SDRS)	\$0
<input type="text"/>	<input type="text"/>	Cultural Review (Section 106 of NEPA)	\$0
<input type="text"/>	<input type="text"/>	Land/Right-of-Way Acquisition	\$0
<input type="text"/>	<input type="text"/>	Permits	\$0
<input type="text"/>	<input type="text"/>	Public Consultation/Information	\$0
<input type="text"/>	<input type="text"/>	Bid Documents (Design Engineering)	\$0
<input type="text"/>	<input type="text"/>	Construction	\$0
<input type="text"/>	<input type="text"/>	DCR Review/Approval Fee	\$0
<input type="text"/>	<input type="text"/>	Contingency	\$0
<input type="text"/>	<input type="text"/>	Other Fees (Sales or Use Taxes)	\$0
<input type="text"/>	<input type="text"/>	Service Meters (Purchase and Installation)	\$0
<input type="text"/>	<input type="text"/>	Water Cuts	\$0
<input type="text"/>	<input type="text"/>	Other (describe):	\$0
<input type="text"/>	<input type="text"/>	Other (describe):	\$0
<input type="text"/>	<input type="text"/>	Other (describe):	\$0
<input type="text"/>	<input type="text"/>	Other (describe):	\$0
<input type="text"/>	<input type="text"/>	Other (describe):	\$0
<input type="checkbox"/> Calc DWSRF Funding Request TOTAL			\$0
<input type="checkbox"/> Calc Loan Fee (1.50% of the Total)			\$0
TOTAL FUNDING REQUEST (Add the two lines above)			\$0

Additional information about your project (please refer to the guidelines). This information is not scored. It is used to determine project readiness to proceed and other eligibility issues.

Applicant requests consideration for partial loan forgiveness or a lower interest rate (see guidelines). You must provide median household income information for your service area, using either Census 2010 data or an independent contractor income survey (Contact Ann Campbell at 360.725.3163 if you need further information). This information must be included with your application to be considered. Yes No

Applicant requests retroactive funding (see guidelines for eligibility requirements). Yes No

Is this a consolidation/restructuring project? (Consolidation/restructuring projects are defined as taking over non-compliant, failing or struggling water systems) Yes No

Is your engineering and design work completed? Yes No

Have you submitted the required construction documents and project report to your DCH Regional Office? You must coordinate with your DCH Regional Office to determine if these documents are required for your project. Yes No

Have you secured any required easements and right-of-way? Yes No

Property acquisition needed? Do you own the land (Yes/No)? Yes No

If 'No', tell us how you plan to acquire it:

Do you have sufficient water rights for your project? Yes No

Do you have source meters on all existing water sources? Yes No

Does the water system have service meters on all existing services? If 'No', your project must include service meter installation - see guidelines for more information. Yes No

Does the project include service meter installation? Yes No

Are you asking for a service meter exemption? (See guidelines for eligibility). If so, attach metering exemption request letter to application. Yes No

Is the project multi-funded? If 'Yes', please list funding sources and amounts (below): Yes No

Funding Source:	Amount:
<input type="text"/>	<input type="text"/>

Do you want to be considered for Restructuring Bonus Points? (See guidelines). If yes, list the names and WS ID #'s for each system being taken over and restructured. Yes No

WS Name:	WS ID #:
<input type="text"/>	<input type="text"/>

Do you want to be considered for Regional Benefit Bonus Points? If yes, list the names and WS ID #'s for each water system that will directly benefit from the project. Yes No

WS Name:	WS ID #:
<input type="text"/>	<input type="text"/>

Updated Date:

DWSRF On-Line Application

Washington State Department of Health
Division of Environmental Health
Office of Drinking Water

State Revolving Fund Loan Request

Loan Details | Project Detail | Project Scope | Image Attachments

File Attachments

Select a document type: --Select--
--Select--
Map
Photo
Metering Exemption Request Letter
Articles of Incorporation
Other
Readiness to Proceed
Financial Information

Save Exit Submit

Updated Date:

Done Trusted sites | Protected Mode: Off 100%

Financial Viability

- Able to repay loan?
- Rates appropriate?
- Reserve account?
- Other debt?
- System budget, 6-year plan.
- *Financial viability for small water systems fact sheet (DOH 331-405).*

financial viability form

Washington State
Department of Health
Post Office Box 47822
Olympia, Washington 98504-7822



Supplemental Financial Information Form Drinking Water State Revolving Fund Loan Program Municipal and Non-Municipal (Private) Applicants 2015 Funding Cycle

NOTE: All drinking water loan applicants must provide the following information. We can't process your loan application, unless all questions are answered. We will use the information you provide on this form to determine your suitability for a Drinking Water State Revolving Fund (DWSRF) loan.

Attach this completed form to your loan application
If you have questions about this form, or require more information, call
Karen Klocke at 360-236-3116 or email DWSRF@doh.wa.gov

Section 1: Applicant Information	
Legal name of the borrower	
Name of the applicant/borrower	
Business address	
Application number	
DWSRF loan request (before loan fee)	

Section 2: Business History and Applicant's Relationship to the System	
Applicant's relationship to the water system	Water manage: <input type="checkbox"/> Parent and/or subsidiary <input type="checkbox"/>
	Owner <input type="checkbox"/> Satellite System Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Intend to absorb/restructure with _____.
History	Years in business as a water system _____
	Number of years under current management _____

Section 3: Demography and Water Consumption Information						
Demography: (attach additional sheets as necessary)	2015	2016	2017 Est.	2018 Est.	2019 Est.	2020 Est.
Total number of active residential connections						
Total number of active commercial connections						
Total number of other connections, such as vacant lots						
Total Number of equivalent residential units (ERUs)						
Rate Information	2015	2016	2017 Est.	2018 Est.	2019 Est.	2020 Est.

DOH Form 331-544-F (Updated 6/15)

For people with disabilities, this form is available on request in other formats. To submit a request, please call 800-525-0127 (TDD/TTY 711).

Financial Viability form

Average monthly residential rate per ERU (base rate)						
Additional residential rate per 100 cubic feet (CF)						
Average monthly cubic feet consumption per ERU						
Current average monthly rate per ERU before this project						
Was an Income Survey conducted on your system, jurisdiction, or project area? If Yes, attach a copy of the final report or the Median Household Income (MHI) determination. Include the survey date and the name of surveyor on the first page of the final report or MHI determination.						<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 4: Repayment Information						
Will the water system increase rates to repay this loan?						<input type="checkbox"/> Yes <input type="checkbox"/> No
Did it adopt rates to include the DWSRF loan repayment?						<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, when will it begin to collect these new rates?						
How much annual revenue does the system expect this source to generate? <i>Attach resolution or adoption of the rates (meeting minutes).</i>						
If No, identify the revenue source(s) the water system will use to repay this loan.						
Section 5: Debt Summary						
List all <i>current</i> outstanding long-term debt other than this application for a DWSRF Loan. For each obligation, list the annual principle and interest debt service, interest rate, maturity date, and collateral (if any).						
Lender	Outstanding Balance	Payment amount and schedule (monthly, quarterly, weekly)	Interest rate (indicate if fixed or variable)	Maturity Date	Collateral Securing Debt	
	\$	\$	%			
	\$	\$	%			
	\$	\$	%			
Lender	Available Credit	Current Balance	Interest rate (indicate if fixed or variable)	Maturity Date	Collateral Securing Debt	
	\$	\$	%			
	\$	\$	%			
Entity Name	Outstanding Debt	% Share of Outstanding Debt				
	\$	%				
	\$	%				
	\$	%				

DOH Form 331-544-F (Updated 6/15)

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Financial Viability form

Section 6: Constraints			
Do debt limit, corporate articles, bylaws, contract or other loan agreements restrict your company's borrowing ability?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please describe here and attach any relevant documentation.			
Is there a pending motion (or resolution) to limit the water system's ability to raise rates or expend from revenues the funds needed to repay a loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please explain and provide documentation.			
Has the applicant experienced severe fiscal distress resulting from a natural disaster (e.g., governor-declared emergency) or emergency public works need in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Section 7: Technical Assistance			
Has the applicant received past or present technical assistance from the Rural Community Assistance Corporation (RCAC), Evergreen Rural Water of Washington (ERWOW), or any other consultant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please identify.			
Name of the provider:			
Name of technical staff:			
Date of service	From <input type="text"/> to <input type="text"/>		
Did the technical staff help you complete this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Identify activities the technical staff provided for your water system or your board.			
Section 8: Legal Information			
Identify all events listed below that your water system experienced in the last five years:			
Is the water system involved in any lawsuits or pending litigation that is in excess of \$10,000? If yes, attach a statement from your attorney describing the lawsuit.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have company assets been sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will company assets be sold in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the system under any regulatory or court compliance order?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other? Please explain and provide documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Explain: <input type="text"/>			
Section 9: Current Business References (Privately Owned Water Systems Only)			
List the names and contact information of at least three references you did business with during the last year.			
Business Organization	Contact Person	Telephone Number	Business Account Number #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DOH Form 331-544-F (Updated 6/15)

For people with disabilities, this form is available on request in other formats. To submit a request, please call 800-525-0127 (TDD/TTY 711).

Financial Viability form

Section 10: Credit Check Sign Off (Privately Owned Water Systems Only)	
To facilitate processing of this application, the borrower hereby authorizes Department of Health staff to request business and/or personal credit reports for all proposed responsible parties for the debt obligation.	
Name of authorized person	
Title	
Date	
Section 11: Statement of Default	
We certify that _____ has not defaulted on any payment of matured principal and/or interest. If default did occur, please provide details here.	
Name of authorized person	
Title	
Date	
Section 12: Required Attachments	
To fully evaluate the financial status of the applicant, the DWSRF program requires the applicant to submit the following items.	
<input type="checkbox"/>	All applicants; Balance Sheet Statement 2013, 2014, 2015, and 2016 budget when available
<input type="checkbox"/>	All applicants; Book Asset Details or complete Fixed Assets Inventory List and Depreciation Schedule
<input type="checkbox"/>	All applicants; Income Statements for 2013, 2014, 2015, and 2016 budget when available
<input type="checkbox"/>	All applicants; Adopted Water Rate Structure for 2013, 2014, and 2015 (include 2016 onwards when available)
<input type="checkbox"/>	Privately owned water system only; Tax returns, if filed, for, 2012, 2013, and 2014.
<input type="checkbox"/>	Privately owned water system only; Copy of bank statements ending December 2012, December 2013, and December 2014.
<input type="checkbox"/>	Privately owned water system only; Copy of Bylaws and Articles of Incorporation.
Where applicable, submit the following information.	
<input type="checkbox"/>	If the water system is a nonprofit corporation serving a noncommunity, attach a copy of the federal nonprofit certification to this application.
<input type="checkbox"/>	If an Income Survey was conducted on your system, jurisdiction, or project area, attach a copy of the final report or the Median Household Income (MHI) determination. Include the survey date and the surveyor's name on the first page of the final report or MHI determination.
<input type="checkbox"/>	If the applicant's ability to borrow is limited or restricted by other loan agreements, attach relevant documentation describing the limitations or restrictions.
<input type="checkbox"/>	If the water system is involved in a lawsuit or pending litigation in excess of \$10,000, attach a statement from the water system's attorney describing the situation.
<input type="checkbox"/>	If the water system is under any regulatory or court compliance order, attach a description that includes the date of issue and date compliance is required.
Do you have additional comments or information you want us to know?	

If you have any questions, please call Karen Klocke at 360-236-3116 or email DWSRF@doh.wa.gov

We may contact you in the next few weeks for additional information.

DOH Form 331-544-F (Updated 6/15)

For people with disabilities, this form is available on request in other formats. To submit a request, please call 800-525-0127 (TDD/TTY 711).



Readiness to Proceed Form



2015 Drinking Water State Revolving Fund (DWSRF) Program Readiness to Proceed Form

Applicant Name: [Click here to enter text.](#)

Application #: [Click here to enter text.](#)

Readiness to Proceed Criteria	
Does your system have sufficient water rights for this project? <small>If no, please explain the status of your water rights application with the Department of Ecology: Click here to enter text.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you own and/or have control of the project site? <small>Please describe (ownership, easement, etc.): Click here to enter text.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are construction and/or bid documents complete for this project? <small>Please describe: Click here to enter text.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate the status of the cultural/historical review for this project, including whether there are known sites in the proposed project area. Click here to enter text. <small>If complete or underway, please attach supporting documentation to your loan application.</small>	Complete <input type="checkbox"/> Underway <input type="checkbox"/> Not Started <input type="checkbox"/>
Indicate status of SEPA/NEPA. <small>If complete or underway, please attach supporting documentation to you loan application.</small>	Complete <input type="checkbox"/> Underway <input type="checkbox"/> Not Started <input type="checkbox"/>
Indicate status of project permits. <small>If complete or underway, please attach supporting documentation to your loan application.</small>	Complete <input type="checkbox"/> Underway <input type="checkbox"/> Not Started <input type="checkbox"/>
Is this the only funding required for this project? <small>Please describe: Click here to enter text.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your system have other funding? <small>Please describe: Click here to enter text.</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate estimated project construction date.	2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 or later <input type="checkbox"/>

Print and save a copy for your records. Submit this form along with your application electronically by 5 p.m., September 30, 2015.

QUESTIONS?



DWSRF Environmental and Cultural Review Coordinator

Heather Youckton

360-236-3106

heather.youckton@doh.wa.gov

Environmental Review

- SEPA
- Permits, funds, and activities
- Start immediately

Cultural Review

- Section 106 of National Historic Preservation Act (federal)
- Executive Order 05-05 (state)

In Other Words . . .

- Federal involvement
- Take into account
- Consult State Historic Preservation Office, Tribal Historic Preservation Office, Tribes, and interested parties

What are the Steps?

1. Evaluate project
2. Determine the effects
3. Initiate consultation
4. Receive concurrence
5. Start public comment period

STEP 1: Evaluate Project

- Determine scope:
 - Area of potential effect (APE).
 - May need additional information.
- Identify properties:
 - Historic district, buildings, cultural resources, barns, homes, traditional cultural places (TCP).

STEP 2: Determine the Effects

- Two determinations:
 - No historic properties affected.
 - Potential historic properties affected.
 - No adverse effect
 - Adverse effect

STEP 3: Initiate Consultation

- State Historic Preservation Officer (SHPO)
- Tribal Historic Preservation Officer (THPO)
- Tribes/native Hawaiian groups
- Others

Washington State

- Confederated Tribes of The Chehalis
- Confederated Tribes of The Colville Reservation
- Cowlitz Indian Tribe
- Hoh Tribe
- Jamestown S'Klallam Tribe
- Kalispel Tribe
- Lower Elwha Klallam Tribe
- Lummi Nation
- Makah Tribe
- Muckleshoot Tribe
- Nisqually Tribe
- Nooksack Tribe
- Port Gamble S'Klallam Tribe
- Puyallup Tribe
- Quinault Nation
- Samish Indian Nation
- Sauk-Suiattle Tribe
- Shoalwater Bay Tribe
- Skokomish Tribe
- Snoqualmie Tribe
- Spokane Tribe
- Squaxin Island Tribe
- Stillaguamish Tribe
- Suquamish Tribe
- Swinomish Tribe
- Tulalip Tribes
- Upper Skagit Tribe
- Yakama Nation

Neighboring States

- Idaho
- Oregon

STEP 4
Receive Concurrence

STEP 5
Start Public Comment Period

Federal Laws

- National Historic Preservation Act (NHPA)
- Archaeological Resource Protection Act (ARPA)
- Native American Graves Protection and Repatriation Act (NAGPRA)
- Archaeological and Historic Preservation Act (AHPA)
- American Indian Religious Freedom Act (AIRFA)

Cultural Review Website

<http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemAssistance/DrinkingWaterStateRevolvingFundDWSRF/HistoricalCulturalReview>

Or, go to www.doh.wa.gov/dwsrf and scroll down the page to find a link to the historical and cultural review website.

EZ-1 Form, page 1

DWSRF PROJECT REVIEW SHEET – EZ1	
HISTORIC & CULTURAL RESOURCES REVIEW	
PROPERTY / CLIENT NAME: <input type="text"/>	FUNDING AGENCY: <u>Department of Health</u>
DATE SUBMITTED: <input type="text"/>	
<div style="border: 1px solid black; padding: 5px;"><p>Project Applicant: <input type="text"/></p><p>Contact Person: <input type="text"/></p><p>Address: <input type="text"/></p><p>City, State: <input type="text"/> Zip: <input type="text"/> County: <input type="text"/></p><p>Phone/ FAX: <input type="text"/></p><p>E-Mail: <input type="text"/></p></div>	
Funding Agency:	<u>Department of Health</u>
Organization:	<u>P O Box 47822</u>
Address:	<u>Olympia, Washington</u> Zip: <u>98504-7822</u>
City, State:	<u>(360) 236-3116</u>
Phone:	<u>dwsrf@doh.wa.gov</u>
E-Mail:	
PLEASE DESCRIBE THE TYPE OF WORK TO BE COMPLETED <i>(Be as detailed as possible to avoid having to provide additional information)</i>	
<input type="checkbox"/>	Provide a detailed description of the proposed project: <input type="text"/>
<input type="checkbox"/>	Describe the existing project site conditions: <input type="text"/>
<input type="checkbox"/>	Describe the proposed ground disturbing activities: <input type="text"/>
<input type="checkbox"/>	Check if the construction activities are on or near tribal lands.
<input type="checkbox"/>	Check if the construction activities are near historic or culturally significant sites.
<input type="checkbox"/>	Check if building(s) will be altered or demolished. If so, please complete a DAHP Determination of Eligibility "EZ2" form for each building effected by the proposed project.
<input type="checkbox"/>	Check if the project is multi-funded. If so, please list all funding sources: <input type="text"/>

EZ-1 Form, page 2

PLEASE ATTACH A COPY OF THE RELEVANT PORTION OF A 7.5 SERIES USGS QUAD MAP AND OUTLINE THE PROJECT IMPACT AREA
USGS Quad maps are available on-line at <http://www.terraserver-usa.com>, www.maptech.mytop.com, www.trails.com, or www.topozone.com

Project Location

Township:
Address:

Range: Section:
City: County:

Place Map Here

(Within 30 days of initiating consultation, DAHP will mail their opinion back to the Department of Health.)

Please be aware that this form is used to initiate consultation. Therefore, answer the questions as thoroughly as possible and clearly outline the project area on the quad. For some projects, DAHP may require additional information to complete our review such as plans, specifications, and photographs. An historic property inventory form may need to be completed by a qualified preservation professional.

Emergency Loans

Janet Cherry

360-236-3153

Janet.Cherry@doh.wa.gov

2016 Emergency Loan Program

- \$100,000 to cover emergency recovery activities.
- DWSRF program guidelines allow states to use funds for recovery activities related to emergencies, such as drought and wildfires.
- This loan program will allow loans to water systems that may be in violation of health and safety standards due to an emergency.
- Systems can use the funds for construction, reconstruction, replacement, rehabilitation, temporary repair, or improvement needed to continue or restore drinking water service.

Loan terms

- The emergency loan terms include the following :
- Interest rate: 1.0 to 1.5 percent
- Forgiveness: up to 75 percent
- Loan term: six years
- Time of performance: two years from contract execution to project completion date
- Repayment starts the first October after contract execution

Emergency Loan Application



2015 Drinking Water State Revolving Fund (DWSRF) Emergency Loan Application Form

Instructions

- It is important that you read and understand the [2015 DWSRF Emergency Loan Guidelines](#) before you complete application form.
- Do not modify this form to change the font size, margins, or any other preset formatting.
- The application consists of the following:
 - This form, signed and dated
 - The EZ1 Form (the first step in completing the required environmental and cultural review process if you get funded)
 - The EZ2 Form (if required)
 - Supplemental financial information

Emergency Loan Application

Applicant Information							
Applicant Organization							
Water System Name						PWSID#	
Address							
City		State		Zip Code		County	
Phone			Email				
Contact Name						Contact Phone	
Consultant Name				Consultant Email & Consultant Phone			
Consulting Firm				Consulting firm Congressional District			
Legislative District							
DUNS Number				CCR Expiration:			
Statewide Vendor Number							

Emergency Loan Application

<p>Has a cultural/historical review been completed for the proposed project area?</p> <p><u>If yes, please attach supporting documentation to your loan application.</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Has a SEPA/NEPA review been completed for the proposed project area?</p> <p><u>If yes, please attach supporting documentation to your loan application.</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Does the project have the necessary project permits?</p> <p><u>If yes, please attach supporting documentation to your loan application.</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Is this the only funding required for this project?</p> <p><u>Please describe: Click here to enter text.</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Does your system have other potential funding? (Such as Ecology's drought emergency funding, insurance, FEMA, or a reserve funds account.)</p> <p><u>Please describe:</u></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p><u>If yes, please list funding sources and amounts:</u></p>	
Funding Source:	Amount:

Emergency Loan Application

Signature of Authorized Official

Date

Consultants are not authorized to sign – signature must be water system owner or water system board member.

Print and save a copy of your application. Please send three copies of you completed application along with required attachments to:

**Attn: DWSRF Staff
Department of Health
Office of Drinking Water
PO Box 47822
Olympia, WA 98504-7822**

What will be new for 2017!

- Asset Inventory Worksheet
- This spreadsheet is used to calculate connection fees and equipment replacement.
- As the assets age, the replacement costs must be factored into utility budgets.
- This will be a requirement for DWSRF loans from 2017 forward.

And the Other Cast of Characters

- **Janet Cherry** – Supervisor, Environmental Engineer 5. Does site inspections and approves scopes of work. You can reach her at 360-236-3153
- **Mike Copeland**— Financial Services Section Manager. He finds us all the money that we use for grants and loans. You can reach him at 360-236-3.
- **Tracie Cantrell** – Our #1 point of contact. She tries real hard to keep us out of trouble. You can reach her at 360-236-3107
- **Dennis Hewitt** – loan and grant specialist. 360-236-3017.
- **Eloise Rudolph** -- loan and grant specialist. 360-236-3124.
- **Heather Youckton** – Does all of our cultural and historical projects. You can reach her at 360-236-3106.
- **Sara Herrera** – DWSRF assistant – she’s our back up for everything. She can help you with your loan and grant applications and other questions. You can reach her at 360-236-3089

For More Information

Karen Klocke	360-236-3116	karen.klocke@doh.wa.gov
Tracie Cantrell	360-236-3107	tracie.Cantrell@doh.wa.gov
Sara Herrera	360-236-3089	sara.herrera@doh.wa.gov
Heather Youckton	360-236-3106	heather.youckton@doh.wa.gov
Northwest Regional Office	253-395-6750	
Southwest Regional Office	360-236-3030	
Eastern Regional Office	509-329-2100	